

**Travel Expense Claim****See Instructions and \*Privacy  
Statement on Reverse Side**Pg. 1 of 1

STD. 262 (Rev. 7/2005)

Claimants Name Chris Murphy			SSN or Employee Number *		Department Office of Traffic Safety	
Position		CB/ID #		Division or Bureau		Index Number
Residence Address			Headquarters Address 2208 Kausen Dr. Ste 300			Telephone Number 916 509-3030
City Elk Grove		State CA	Zip Code 95758	City Elk Grove		State CA
				Zip Code 95758		

(1) Month/Yr Jun 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) Lodging	(5) Meals			(6) Incide ntals	(7) Transportation				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) Date	Time			Break - fast	Lunch	O.T., L/T, N/C, Relo. Or Dinner		(A) Cost of Trans.	(B) Type Used	(C) carfare, tolls, parking	(D) Private Car Use		
											Miles	Amount	
6/1	*	Elk Grove to San Diego		6.00			6.00			24.00	25	13.75	\$49.75
6/8		Elk grove to Ripon									120	66.00	\$66.00
6/9-	4:15	Elk Grove to Baltimore MD	178.20	6.00	10.00	18.00		423.40	A	29.00	25	13.75	\$678.35
10			178.20	6.00	10.00	18.00	6.00			9.00		0.00	\$227.20
11			178.20	6.00	10.00	18.00	6.00			9.00		0.00	\$227.20
-12	15:00			6.00	10.00		6.00			39.00	25	13.75	\$74.75
6/16		Elk Grove to Sac									26	14.30	\$14.30
6/18		Elk Grove to Palo Alto									248	136.40	\$136.40
6/23		Elk Grove to Sonoma									161	88.55	\$88.55
6/24		Elk Grove to Sac								8.75	27	14.85	\$23.60
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00

**(10) SUBTOTALS**

534.60 30.00 40.00 54.00 24.00 423.40 118.75 657 361.35 0.00

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL**

\$1,586.10

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 5/31-6/1- Vehicular Homicide Seminar 6/8- San Joaquin & Stanislaus Cnty DUI AVOID/MADD Awards presentation 6/9-6/12- GHSA mtg, represented CA & the NHTSA region 9, serve as regional rep & management review committee chair. 6/16- presentation to DUI Avoid program 6/18- BTH Transportaion DIRS meeting 6/23- DUI AVOID presentation 6/24- SHSP meeting at Caltrans

**(12) NORMAL WORK HOURS**

08:00 - 17:00

**(13) PRIVATE VEHICLE LICENSE****(14) MILEAGE RATE CLAIMED**

\$0.550

**AGENCY ACCOUNTING OFFICE USE  
ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement fo the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum reate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as presecrbed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			DATE